



Small Business Health Options Program (SHOP)

Health coverage application for employees

Use this application to enroll in health insurance your employer is offering under the SHOP Insurance Marketplace.

THINGS TO KNOW



Apply faster online

Visit **www.mnsure.org**. You will be able to see details about SHOP coverage in the Health Insurance Marketplace.



Get help

Ask your employer who to call with questions.

- **Online:** **www.mnsure.org**
- **Phone:** Call our Contact Center at **1-855-366-7873**.
- **In person:** There may be a navigator or broker in your area who can help.
- If you need help in a language other than English, tell us the language you need. We will get you help at no cost to you.



What happens next?

Retain copies of your completed forms including this application for your Business records. You will return your completed, signed application to your employer and they will forward to MNSure. We will contact you with information about how to start a SHOP account, find out about costs and coverage, and enroll in a plan.



Alternatives

If your share of the cost of employee-only coverage is more than 9.5% of your household income, you may be able to get help paying for coverage through the individual Health Insurance Marketplace. Visit **www.mnsure.org** to learn more.

Your information is private.

- We will keep your information private as required by law. Read Attachment A, Notice of Privacy Practices and Terms of Use for more details.
- In order to confirm your identity and to verify that you are an employee of the named business, MNSure collects private and nonpublic data and verifies this information against state and federal sources. If you choose not to answer the questions, you may be unable to proceed with your purchase.

1-855-366-7873

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB3-0017 (3-13)

ADA2 (12-12)

This information is available in accessible formats for individuals with disabilities by calling our Contact Center at 1-855-366-7873 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

Who is your employer?

| |
|---------------------------|
| EMPLOYER NAME AND ADDRESS |
|---------------------------|

Not interested in SHOP health coverage?

If you do not want SHOP health coverage from your employer, skip to Step 4.

STEP 1

I am interested in SHOP coverage from this employer.

Information about you, the employee

| | | | |
|--|---|--|---|
| 1. FIRST NAME, MIDDLE NAME, LAST NAME, & SUFFIX | | | |
| 2. SOCIAL SECURITY NUMBER/TAX ID NUMBER | 3. DATE OF BIRTH (mm/dd/yyyy) | 4. SEX <input type="radio"/> Male <input type="radio"/> Female | |
| 5. HOME ADDRESS | | 6. APARTMENT OR SUITE NUMBER | |
| 7. CITY | 8. STATE | 9. ZIP CODE | 10. COUNTY |
| 11. MAILING ADDRESS (if different from home address) | | | 12. APARTMENT OR SUITE NUMBER |
| 13. CITY | 14. STATE | 15. ZIP CODE | 16. COUNTY |
| 17. EMAIL ADDRESS | | | |
| 18. PHONE NUMBER <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work | | 19. OTHER PHONE NUMBER <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work | |
| 20. Notices will be sent electronically. You must go to www.mnsure.org and create an online account to receive electronic notices. <input type="checkbox"/> Check here if you also want to get paper notices by mail. | | | |
| 21. EMPLOYMENT STATUS <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Former <input type="checkbox"/> Disabled <input type="checkbox"/> Retired <input type="checkbox"/> Cobra <input type="checkbox"/> Union <input type="checkbox"/> Others | | | |
| 22a. YOUR PREFERRED SPOKEN LANGUAGE | 22b. YOUR PREFERRED WRITTEN LANGUAGE | 23. HIRE DATE | 24. TERMINATION DATE (if applicable) |
| 25. IF HISPANIC/LATINO, ETHNICITY (OPTIONAL—check all that apply) <input type="checkbox"/> Mexican <input type="checkbox"/> Mexican American <input type="checkbox"/> Chicano/a <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other | | | |
| 26. RACE (OPTIONAL—check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other | | | |
| 27. EMPLOYMENT DEFINITION <input type="radio"/> Full-Time <input type="radio"/> Part-Time | 28. AVERAGE NUMBERS OF HOURS WORKED PER WEEK | | 29. ANNUALIZED WAGES |
| 30. Are you a member of a federally recognized American Indian/Alaska Native Tribe? <input type="radio"/> Yes <input type="radio"/> No | IF YES, PLEASE PROVIDE YOUR TRIBAL NAME AND NUMBER. | | 31. Do you use Tobacco? <input type="radio"/> Yes <input type="radio"/> No |



NEED HELP WITH YOUR APPLICATION? Visit www.mnsure.org, or call us at 1-855-366-7873. If you need help in a language other than English, tell us the language you need. We will get you help at no cost to you.

STEP 3

Read and sign this application

- I have provided true answers to all of the questions to the best of my knowledge. I know that I may be subject to penalties under federal and state law if I intentionally provide false or untrue information.
- I know that my information on this form will only be used to determine eligibility for health coverage and will be kept private or nonpublic as required by law. If my business or organization is eligible, this information will be used to facilitate enrollment.
- I know that I must tell the SHOP if anything changes (and is different than) what I wrote on this application. I can visit www.mnsure.org or call 1-855-366-7873 to report changes.
- I have permission from everyone I have listed on the application to include their personally identifiable information, like dates of birth, Social Security numbers, addresses, and phone numbers.
- I know that under federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.
- I have read and agreed to the terms of use on Attachment A.

| | |
|-----------|-------------------|
| SIGNATURE | DATE (mm/dd/yyyy) |
|-----------|-------------------|

STEP 4

If you do not want SHOP coverage from this employer

I do not want health coverage from this employer.

If this employer offers health coverage for my dependents, I decline that offer of coverage, too.

Answer these questions:

Do you have another source of health coverage? Yes No

If **yes**, what type?

Individual private health insurance

Medicare

TRICARE

Insurance from another job

Medicaid

VA health care programs

Insurance through another person's job

Indian Health Service

If this employer offers dental coverage, I do not want that coverage.

If this employer offers dental for my dependents, I decline that offer of coverage, too.

| | |
|---------------|-------------------|
| EMPLOYEE NAME | |
| SIGNATURE | DATE (mm/dd/yyyy) |

STEP 5

Submit your completed, signed application to your employer

Your employer will send us your application, and you will hear back from us with details about how to start a SHOP account, find out about costs and coverage, and enroll in a plan.

If you want to register to vote in Minnesota, you can complete a voter registration form at sos.state.mn.us

Need help?

If you have questions about this application or need help completing it, contact your employer, your employer's agents or brokers, visit HealthCare.gov, www.mnsure.org or call us at 1-855-366-7873.

Attachment A

Notice of Privacy Practices and Terms of Use

Effective Date: January 2014

This notice tells how private or nonpublic information about you may be used and disclosed and how you can get this information. Please review it carefully.

Terms of Use

The MNSure system is the property of the State of Minnesota and is subject to the Minnesota Government Data Practices Act.

In order to purchase insurance through the MNSure system, an applicant will have to create an online account. This account access is granted subject to compliance with law and the terms and conditions for use. Users are responsible for maintaining confidentiality of their personal account information. By using the MNSure system, applicants certify that the information provided is true and accurate. MNSure applicants and account holders have a duty to ensure the accuracy, relevance, timeliness, and completeness of personally identifiable information, as is reasonably necessary, to assure fairness in making determinations about an individual. MNSure applicants and account holders may not knowingly or willingly conceal, remove, mutilate, obliterate, falsify, or destroy information.

Providing false information or using information obtained through the MNSure system for unauthorized purposes is a violation of law and may subject you to criminal and/or civil penalties. Fraud, waste, abuse, and any attempt to breach the security of the system are strictly prohibited, and any suspected misuse, fraud, waste, or abuse should be reported to mnsurecompliancehotline@mnsure.org.

MNSure Applicants or individuals who provide and view information on behalf of household members, dependents, employees or others verify that they have the permission of the individual data subject, or are the legal guardian, or are otherwise authorized to access and submit the information, and must agree to safeguard it. Individuals who view or submit information on behalf of another individual also agree to only use personally identifiable information for the purpose of completing the proper application or as otherwise allowed by state or federal law and to safeguard the data from unauthorized access, use, modification, destruction, theft, or disclosure.

Employees who fill out a SHOP employee application must review the privacy notice before providing private data about themselves.

Privacy Notice for SHOP Employees (Tennessee Warning)

What is the purpose and intended use of collecting the requested data?

MNSure collects private data to confirm your identity and to verify that you are an employee of the designated employer. MNSure eligibility data for employees is obtained by verifying identity data against Department of Employment and Economic Development data. MNSure may also use the data for conducting audits, investigating fraud, and to evaluate our programs. MNSure does not collect, maintain or use genetic information. Participants in the Safe at Home address confidentiality program should not disclose home, work, or other addresses that may reveal his or her physical location. Rather, a secure P.O. Box address may be used.

Why do we ask you for your taxpayer identification numbers and Social Security numbers?

We use your taxpayer identification numbers to identify you and your employer and to prevent duplication. The SSN is optional for employees and dependents and you do not have to give us the SSN for persons who are not applying for coverage or for those individuals who do not have a SSN.

Am I legally required to provide the requested information?

You are not legally required to provide this data, and you may refuse to provide the data. However, we may not be able to process your enrollment in an employer-sponsored plan if you do not provide it.

What are the known consequences for supplying or refusing to provide the data?

If you provide the data, you are doing so in accordance with our Privacy Policy and Rules of Behavior. Our Privacy Policy requires that if you are the providing information on behalf of another individual in your household, you must have consent to provide and view information on all the people who you have listed on the application and agree to safeguard their information. If you knowingly provide false information, you may be subject to investigation and possibly face criminal or civil penalties. Refusal to provide data or answers in response to questions means we may be unable to make an eligibility determination or process enrollment.

Who is authorized by state or federal law to receive the data?

Designated employees within MNSure may use this data to provide customer service or SHOP eligibility and enrollment functions. Designated employees within MNSure may also access this data to conduct quality and technical assurance and to investigate fraud. Others who may have access include your designated health and dental insurance carrier, representatives of the Legislative Auditor, MN.IT information technology staff, enforcement agencies with statutory authority, and persons authorized by court order.

How long will you keep my records?

MNSure follows the general records retention schedules for state agencies and for the Department of Human Services, and maintains data in accordance with state and federal law. Information provided in an application for coverage through MNSure is subject to the False Claims Act and may be retained for up to ten years, and electronic transaction data is retained for seven years per the DHS retention schedule. MNSure's complete record retention schedule is available on the Terms and Privacy page. After the appropriate time period, MNSure will destroy the data in a manner that prevents their contents from being determined, including the shredding of paper files and permanently removing electronic data so as to prevent the possibility of recovery.

What are MNSure's responsibilities?

We must protect the privacy of your private information according to the terms of this notice. We may not use your information for reasons other than the reasons listed on this form or share your information with individuals and agencies other than those listed on this form unless you tell us in writing that we can. We will not sell any data collected, created, or maintained as part of this application. We must follow the terms of this notice, but we may change our privacy policy because privacy laws change. We will put changes to our privacy rules on our website at: www.mnsure.org

What are your rights regarding the information we have about you?

You and people you have given permission to may see and copy private information we have about you. You may have to pay for the copies. You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency. You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.

You have the right to get a record of some of the people or organizations with whom we have shared your information.

What if you believe your privacy rights have been violated?

You may complain if you believe your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you think that MNSure has violated your privacy rights, you may send a written complaint to:

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359 (Voice)
800-368-1019 (Toll Free)
800-537-7697 (TTY)
312-886-1807 (Fax)

MNSure Privacy and Security Manager
81 7th Street East, Suite 300
St. Paul, MN 55101-2211

What if you believe your benefits are wrong or your application has not been processed correctly?

You have the right to ask for an appeal hearing. In requesting an appeal hearing, you are requesting a fair review of your benefits decision. Specific appeal instructions can be found on all notices that you receive. You can learn more by going to the MNSure appeals website. You can ask for a hearing by telling your consumer assistant or by logging into your MNSure account.

What if you believe you have been discriminated against?

Discrimination is against the law. The U.S. Department of Health and Human Services' Office for Civil Rights prohibits discrimination in its programs because of race, color, national origin, age, disability, and sex, including sex stereotypes and gender identity. If you believe you have been discriminated against, you have the right to file a complaint directly with the federal Office for Civil Rights.

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 North Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359 (Voice)
800-368-1019 (Toll Free)
800-537-7697 (TTY)

In Minnesota, if you believe you have been discriminated against because of race, color, national origin, religion, creed, sex, sexual orientation, public assistance status, or disability, you have the right to file a complaint with:

MNSure Equal Opportunity and Accessibility
81 7th Street East, Suite 300
St. Paul, MN 55101-2211